

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) Ricky J Hamby 191377  
(Name of Plaintiff) (Inmate Number)

1301 East 12th St. W. I. M. D. 19809  
(Complete Address with zip code)

(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)

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(Complete Address with zip code)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

vs.

(1) Doctor Kastre

(2) Doctor Ali

(3) Doctor Aramburo

See Attached

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

## CIVIL COMPLAINT

## I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

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**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution? •  Yes •  No

B. Have you fully exhausted your available administrative remedies regarding each of your present claims? •  Yes •  No

C. If your answer to "B" is Yes:

1. What steps did you take? Filed Medical Grievance's on 1-10-05 and on 1-23-05.
2. What was the result? Both Grievances were upheld on my behalf on 4-5-2005 and 4-26-2005.

D. If your answer to "B" is No, explain why not: \_\_\_\_\_

**III. DEFENDANTS (in order listed on the caption)**

(1) Name of first defendant: Doctor Kastre

Employed as President at H.R.Y.C.I - First Correctional Medical  
 Mailing address with zip code: 6861 N. Oracle Road  
Tucson AZ 85704

(2) Name of second defendant: Doctor Ali

Employed as Head Doctor at H.R.Y.C.I - F.C.M.  
 Mailing address with zip code: 6861 N. Oracle Road  
Tucson AZ 85704

(3) Name of third defendant: Doctor Aramburo

Employed as Medical Doctor M.D. at H.R.Y.C.I - F.C.M.  
 Mailing address with zip code: 6861 N. Oracle Road  
Tucson AZ 85704

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

See Attached:

add:

Defendants (in order listed on caption)

(4) Name of forth defendant Doctor Kionke

Employed as Director of Dental at H.R.Y.C.I- F.C.M

mailing address with zip code 6861 N. Oracle Road

Tucson AZ 85740

(5) Name of Fifth Defendant Raphael Williams

Employed as Warden at H.R.Y.C.I - F.C.M

mailing address with zip code 1301 East 12th Street

Wilmington Delaware 19809

(6) Name of Sixth Defendant Stan Taylor

Employed as Commissioner at H.R.Y.C.I - State of Del.

mailing address with zip code 245 McGee Drive

Dover Delaware 19901

(7) Name of Seventh Defendant Dr. Fisher

Employed as Medical Doctor at H.R.Y.C.I - F.C.M

mailing Address with zip code 6861 N. Oracle Road

Tucson AZ 85740

(8) Name of <sup>8th</sup> Defendant Diane Hernandez - Head Nurse CMS

Employed as Head Nurse at H.R.Y.C.I

mailing Address with zip code 1301 East 12th Street

Wilmington De. 19809

#### IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1.

See Attached

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## V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

See Attached